CAPESIDE COVE GOOD SAMARITAN CENTER

23926 4TH AVENUE SOUTH

SIREN 54872 Phone: (715) 349-2292 Ownership: Nonprofit Church/Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 94 Yes Number of Residents on 12/31/02: 91 Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)								
Home Health Care No		 Primary Diagnosis	%	 Age Groups	%	Less Than 1 Year	35.2			
Supp. Home Care-Personal Care	No					1 - 4 Years	41.8			
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.6	More Than 4 Years	23.1			
Day Services	No	Mental Illness (Org./Psy)	20.9	65 - 74	12.1					
Respite Care	No	Mental Illness (Other)	5.5	75 - 84	26.4		100.0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.5	* * * * * * * * * * * * * * * * * * *	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.5	Full-Time Equivalen	t			
Congregate Meals No		Cancer 1.1				- Nursing Staff per 100 Residents				
Home Delivered Meals	No	Fractures	17.6		100.0	(12/31/02)				
Other Meals	No	Cardiovascular	24.2	65 & Over	93.4					
Transportation	Yes	Cerebrovascular	7.7			RNs	11.1			
Referral Service	No	Diabetes	3.3	Sex	용	LPNs	4.6			
Other Services	No	Respiratory	3.3			Nursing Assistants,				
Provide Day Programming for		Other Medical Conditions	16.5	Male	30.8	Aides, & Orderlies	33.8			
Mentally Ill	Yes			Female	69.2					
Provide Day Programming for			100.0							
Developmentally Disabled	No				100.0					

Method of Reimbursement

		edicare			edicaid			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	00	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	2	3.2	122	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Skilled Care	10	100.0	259	57	90.5	104	0	0.0	0	17	100.0	136	0	0.0	0	0	0.0	0	84	92.3
Intermediate				4	6.3	87	1	100.0	140	0	0.0	0	0	0.0	0	0	0.0	0	5	5.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		63	100.0		1	100.0		17	100.0		0	0.0		0	0.0		91	100.0

CAPESIDE COVE GOOD SAMARITAN CENTER

*******	*****	******	*****	****	******	* * * * * * * * * * * * * * * * * * * *	*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
		 			 % Needing		Total						
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of						
Private Home/No Home Health	10.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents						
Private Home/With Home Health	6.2	Bathing	1.1		82.4	16.5	91						
Other Nursing Homes	1.0	Dressing	16.5		67.0	16.5	91						
Acute Care Hospitals	82.5	Transferring	46.2		37.4	16.5	91						
Psych. HospMR/DD Facilities	0.0		27.5			20.9	91						
Rehabilitation Hospitals	0.0	Eating	65.9		28.6	5.5	91						
Other Locations	0.0		******	****	*****	* * * * * * * * * * * * * * * * * * * *	******						
Total Number of Admissions	97	Continence		용	Special Trea	tments	%						
Percent Discharges To:		Indwelling Or Extern	al Catheter	1.1	Receiving	Respiratory Care	12.1						
Private Home/No Home Health	16.8	Occ/Freq. Incontinen	t of Bladder	50.5	Receiving	Tracheostomy Care	0.0						
Private Home/With Home Health	23.2	Occ/Freq. Incontinen	t of Bowel	11.0	Receiving	Suctioning	1.1						
Other Nursing Homes	8.4				Receiving	Ostomy Care	2.2						
Acute Care Hospitals	12.6	Mobility			Receiving	Tube Feeding	2.2						
Psych. HospMR/DD Facilities	1.1	Physically Restraine	d	8.8	Receiving	Mechanically Altered Diet	s 5.5						
Rehabilitation Hospitals	2.1												
Other Locations	1.1	Skin Care			Other Reside	nt Characteristics							
Deaths	34.7	With Pressure Sores		0.0	Have Advan	ce Directives	50.5						
Total Number of Discharges		With Rashes		4.4	Medications								
(Including Deaths)	95				Receiving	Psychoactive Drugs	64.8						

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	This Nonprofit			-99	Ski	lled	Al	1	
	Facility	Facility Peer Group		Peer	Group	Peer Group		Facilities		
	୧	%	Ratio	양	Ratio	용	Ratio	ଚ	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	91.5	86.5	1.06	83.5	1.10	83.3	1.10	85.1	1.07	
Current Residents from In-County	64.8	79.3	0.82	72.9	0.89	75.8	0.85	76.6	0.85	
Admissions from In-County, Still Residing	29.9	23.9	1.25	22.2	1.35	22.0	1.36	20.3	1.47	
Admissions/Average Daily Census	112.8	107.3	1.05	110.2	1.02	118.1	0.96	133.4	0.85	
Discharges/Average Daily Census	110.5	110.2	1.00	112.5	0.98	120.6	0.92	135.3	0.82	
Discharges To Private Residence/Average Daily Census	44.2	41.6	1.06	44.5	0.99	49.9	0.89	56.6	0.78	
Residents Receiving Skilled Care	94.5	93.2	1.01	93.5	1.01	93.5	1.01	86.3	1.10	
Residents Aged 65 and Older	93.4	95.7	0.98	93.5	1.00	93.8	1.00	87.7	1.07	
Title 19 (Medicaid) Funded Residents	69.2	69.2	1.00	67.1	1.03	70.5	0.98	67.5	1.03	
Private Pay Funded Residents	18.7	22.6	0.83	21.5	0.87	19.3	0.97	21.0	0.89	
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.7	0.00	7.1	0.00	
Mentally Ill Residents	26.4	35.9	0.73	39.0	0.68	37.7	0.70	33.3	0.79	
General Medical Service Residents	16.5	18.1	0.91	17.6	0.93	18.1	0.91	20.5	0.80	
Impaired ADL (Mean)	42.2	48.7	0.87	46.9	0.90	47.5	0.89	49.3	0.86	
Psychological Problems	64.8	52.0	1.25	54.6	1.19	52.9	1.23	54.0	1.20	
Nursing Care Required (Mean)	3.4	6.8	0.51	6.8	0.51	6.8	0.51	7.2	0.48	